



VIRGINIA ENTERPRISE ZONE PROGRAM
Real Property Improvement Tax Credit Qualification Form
Print on 8½" x 14" paper.
Read Tax Credit Instruction Manual before completing this form.

Form EZ-6R
Real Property

PART I: BACKGROUND INFORMATION

1. Zone Name				Zone #		Zone Designation Date				
2. Date Real Property Placed in Service (To verify this date, attach a copy of the final Certificate of Occupancy issued by the local building department.) (MM/DD/YYYY)										
3. Business Firm Legal Name					Trading Name, if Different than Legal Name					
4. Federal Employment ID# (FEIN) 					Activity # (First three digits of the NAICS. See Instruction Manual.)					
5. Principal Mailing Address					City		State		Zip Code	
6. Physical Address of Zone Establishment (if different from above)					City/County/Town					
7. Business Firm Contact Person			Title		Daytime Phone # ()		E-mail Address			
8. If the Firm is a Subsidiary, Name of the Parent Company					Federal Employment ID# (FEIN) of Parent Company 					

9. Check the type of Applicant.
☐ Leases the building and conducts business in the building (Attach a copy of the lease.)
☐ Owns building and conducts business in the building
☐ Owns building and is a wholly owned conduit of the entity that conducts business in the building

10. Check the type of real property improvement that was made.
☐ Rehabilitation of an existing facility
☐ Expansion of an existing facility
☐ New Construction

11. Check the type of Business Organization. (If "other," explain type.)
☐ Sole Proprietor
☐ S Corporation
☐ Partnership
☐ Limited Liability Corporation
☐ Corporation
☐ Other: _____

12. Check the type of state tax that applies to this firm.
☐ Corporate Income Tax
☐ Franchise Tax or License Tax on Gross Receipts
☐ Franchise Tax on Net Capital
☐ Individual Income Tax

PART II: QUALIFICATION INFORMATION

1. Qualification is requested for taxable year beginning _____ (MM/DD/YYYY) and ending _____ (MM/DD/YYYY).

2. Eligibility Test

A. Assessed value of real property (building only, do not include value of the land) prior to rehabilitation or expansion A _____
Attach a copy of the assessed value, as determined by the locality's assessor's office.
☐ Check here if a multi-tenant proration was used and attach the proration and square footage documentation

B. Actual dollar amount of qualified zone improvements made by applicant. B _____
Attach a list certified by the CPA that itemizes the types and costs of qualified zone improvements made to the property. (See instructions.)

C. Multiply line (b) by 30%. This is the amount of credit the applicant is requesting. This amount cannot exceed \$125,000. C _____

3. Has the applicant received state real property improvement credits in the last four years? ☐ YES ☐ NO
If yes, attach a list indicating the year(s) and amount(s) received. Then, list here the total amount received in past four years.
If no, place "N/A" on this line. \$ _____

Part III: DECLARATION

1. BUSINESS FIRM REPRESENTATIVE: I, the undersigned representative of the business firm for which this request is made, declare that this request has been examined by me and is, to the best of my knowledge, an accurate statement. I am authorized to sign on behalf of the applicant.

Signature		Typed or Printed Name		Title		Date	
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2. CERTIFIED PUBLIC ACCOUNTANT: I, the undersigned, declare that this form has been prepared by me and is, to the best of my knowledge, an accurate statement; I further affirm that this business firm meets the requirements for becoming a qualified firm as set forth in the Rules and Regulations of the Virginia Enterprise Zone Program and that the establishment listed in Part I, Item 4 is located within the boundaries of the enterprise zone. I further affirm that I am licensed by the Commonwealth of Virginia and I am not an employee of the business firm which is seeking to qualify for State tax incentives under this Program.

Signature of CPA		Typed or Printed Name			Date		
VA License #	Daytime Telephone Number ()	E-mail address					
Accounting Firm		Address		City	State	Zip	

DHCD Use Only:	Date Received	Number Assigned:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
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KEEP A COPY OF THIS FORM FOR YOUR RECORDS. Due date is May 1st of the calendar year subsequent to the taxable qualification year (Part II, Item 1). Send the original copy via United States Postal Service certified mail (postmarked no later than May 1st) or hand deliver by 5 p.m. May 1st, to the Virginia Department of Housing and Community Development, Enterprise Zone Program, 501 North Second Street, Richmond, VA 23219. (UPS, Fed Ex or other delivery services are considered hand delivery and must arrive at DHCD before 5 p.m., May 1st.) Late applications are handled on a first come, first served basis, and may only receive tax credits if an outstanding tax credit balance for the program remains for that year.